

EXHIBIT 1

## MICHIGAN DEPARTMENT OF CORRECTIONS – Bureau of Health Care Services

I have reviewed the results of the (choose all that apply):

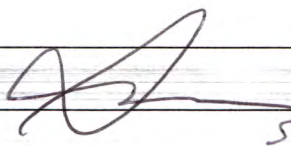
- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Lab Work          | <input type="checkbox"/> Biopsy      |
| <input checked="" type="checkbox"/> X-Rays | <input type="checkbox"/> Ultrasound  |
| <input type="checkbox"/> CAT scan          | <input type="checkbox"/> Mammogram   |
| <input type="checkbox"/> MRI               | <input type="checkbox"/> Other _____ |

which you received on 2/8/2024  
(Date)**Your Test Results Indicate:** Healed wrist bone. Minor stable tiny bone flake in the little finger.

- ☒ No clinically significant abnormality exists; therefore, no change in treatment plan is necessary.
- ☐ An abnormality exists, which requires follow-up, but no immediate treatment.  
Follow-up will be scheduled for \_\_\_\_\_  
(Date or approximate time frame)
- ☐ No clinically significant abnormality exists. You will be scheduled for further diagnostic testing on \_\_\_\_\_  
(Date or approximate time frame)
- ☐ No clinically significant abnormality exists. If your complaint/symptoms fail to resolve, you should  
kite for re-evaluation.

MP Comments: There is no need for additional treatment at this time.

MP Signature

  
SIMS MD

Date

2-12-2024

**DIAGNOSTIC TESTING  
RESULT NOTIFICATION**

## Patient Identification

Lock: 5:124 bot  
Name: SIMS  
Number: 770573  
D.O.B.: 9/13/91